

**REVOCATION OF POWER OF
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Application Number	10/602,406
Filing Date	6/23/2003
First Named Inventor	Kovach
Art Unit	3723
Examiner Name	Muller, Bryan R.
Attorney Docket Number	16-343

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

41939

☒ Please change the correspondence address for the above-identified application to:

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OR

<input type="checkbox"/> Firm or Individual Name	SUPERIOR TOOL COMPANY				
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Charles J. Mintz, President of Superior Tool Corp.		
Date	March 7, 2006	Telephone	(216) 398-8600 X12

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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